

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003080

1. Entity Name
NEW LEAF MARKET, INC.

Principal Place of Business
**675 23RD AVENUE, N.W.
SAUK RAPIDS MN 56379**

Mailing Address
**675 23RD AVENUE, N.W.
SAUK RAPIDS MN 56379**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1561741**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTRIDGE, LARRANE
1235 APLACHEE PARKWAY
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PS** ☐ Delete
NAME **HARDIN, GRETCHEN N**
STREET ADDRESS **2032 WEDGEWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **HEIN, GRETCHEN N** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **PRITZKER, BARRY**
STREET ADDRESS **5494 CHARLES SAMUEL DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **V** ☐ Change ☒ Addition
NAME **HEIDI FOX**
STREET ADDRESS **1300 W. INDIANHEAD DR**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **T** ☐ Delete
NAME **DELHOMME, KEITH**
STREET ADDRESS **1814 SOUTH MERIDIAN**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **HUNGERFORD, CHUCK**
STREET ADDRESS **4170 TUCKER DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HANSEN, ROBBY**
STREET ADDRESS **3850 IMAGINARY ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition
NAME **DAVID LEBOW**
STREET ADDRESS **1101 OLD FORT DR**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☒ Delete
NAME **LEGRAVE, ANGELE**
STREET ADDRESS **1225 APLACHEE PARKWAY**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **STEVE RICHARDS**
STREET ADDRESS **2851 REMINGTON GREEN CKE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature required

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90005 040 ****61.25



DO NOT WRITE IN THIS SPACE

0017172

CR2E037 (5/01)

Attachment
Doc # F 00000003080
B0063061

Title
Name
Street Address
City, State, Zip

D
Judy Micale
2855 Apalachee Parkway
Tallahassee, FL 32301

Title
Name
Street Address
City, State, Zip

D
Della Parker-Hanson
14 EGRET ST. N
CRAWFORDVILLE FL 32327

Title
Name
Street Address
City, State, Zip

D
Kenneth Ross
726 Spiral Garden Way
Talla